



UPDATES In School Health

SCHOOL HEALTH UNIT

Spring 2005

EMERGENCY PLANNING: SCHOOL AND COMMUNITY COLLABORATION “Think Globally....Plan Locally”

Detailed school emergency plans have always been critical to ensure the safety of both students and staff, should an unanticipated emergency event occur. While schools frequently have had to respond to individual and group emergencies, since 9/11, they, like other public institutions, have the added responsibility of planning for a bioterrorism or other large-scale mass-casualty event. While bioterrorism often receives special attention, it is important to remember that because this is only one of many possible hazards, addressing emergency planning with an all-hazards approach is recommended.

With an all-hazards approach, each school identifies any possible hazards within its internal and external environments. For example, if the school is adjacent to major highways and/or rail lines, a chemical spill may cause potential problems. In New England there is the possibility for hurricanes, and in some regions, tornadoes, which could result in mass casualties. Violence in schools also may require the activation of an emergency plan. And, in a large-scale public health emergency such as an influenza pandemic, schools and school personnel play a critical role in planning for, and responding to such an event. School staff may even be the first to identify an infectious agent in the school setting that would then activate a community emergency response plan.

In anticipating and planning for emergencies, a community-wide approach is essential. School administrators, school nurses, school physicians, as well as others, need to work with boards of health, public health nurses, public safety, fire officials, police, etc., to create an effective response to any emergency, whether individual or mass-casualty, physical or behavioral. Knowing your community partners and clearly defining roles should occur before an emergency event. The local community planning efforts in turn must be integrated into the regional and

statewide planning processes should additional resources be necessary. Excellent resources to facilitate this planning are available on a number of web sites, including those of the Massachusetts Department of Education, the Massachusetts Department of Public Health (MDPH) and Centers for Disease Control and Prevention.



In the fall of 2003, the Massachusetts Department of Public Health established the Center for Emergency Preparedness (CEP). The CEP provides a coordinated response and single point of contact for all public health emergencies in Massachusetts. Planning and response efforts related to bioterrorism, chemical, and radiological emergencies, hospital preparedness and laboratory support are all coordinated through the CEP. One of the most important accomplishments realized during the past eighteen months has been the establishment of 15 regional local health coalitions. Massachusetts had 351 local municipalities, each with its own board of health. Historically, it has been challenging to develop regional mechanisms to fund and support local public health efforts. The 15 regional coalitions were established in collaboration with local health officials statewide and have provided an important foundation for emergency planning efforts.

Currently the Massachusetts Department of Public Health is providing a series of modular bioterrorism preparedness trainings for school and community personnel. Trainings include, but are not limited to, an overview of bioterrorism (BT) agents, smallpox vaccination administration, mass dispensing clinics, the Health and Homeland Alert Network, behavioral health disaster response, rash surveillance, etc. The MDPH recommends that a minimum of one clinical professional be vaccinated in each community and the majority of the school nurses and public health nurses be certified in smallpox vaccine administration.

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*“Success equals preparedness meeting opportunity” Are you prepared?
—Anonymous quote*



NEWSBRIEFS

NEW PRESCHOOL VISION SCREENING PROTOCOLS:

In 2004, Chapter 71; s. 57 was amended to state:

"Upon entering kindergarten or within 30 days of the start of the school year, the parent or guardian of each child shall present to school health personnel certification that the child within the previous 12 months has passed a vision screening conducted by personnel approved by the department of public health and trained in vision screening techniques to be developed by the department of public health in consultation with the department of education...For children who fail to pass the vision screening and for children diagnosed with neurodevelopmental delay, proof of a comprehensive eye examination performed by a licensed optometrist or ophthalmologist chosen by the child's parent or guardian indicating any pertinent diagnosis, treatment, prognosis, recommendation and evidence of follow-up treatment, if necessary, shall be provided."

Drs. Jean Ramsey and Bruce Moore are working with the Massachusetts Department of Public Health to establish new evidence-based protocols for screening preschool children. Trainings are being conducted through the UMASS School Health Institute. See their website at <http://www.umass.edu/umsshi/> Preschool training materials and a PowerPoint presentation are posted on the School Health website at <http://www.mass.gov/dph/fch/schoolhealth/index.htm>

HEALTH BRIEF ON EPI-PEN® ADMINISTRATION:

The Massachusetts Department of Public Health (MDPH) has issued a "Data Health Brief: Epi-Pen® Administration in Schools" based on the mandated reports sent to the MDPH in the FY 04 school year. The report is available on the School Health website: <http://www.mass.gov/dph/fch/school-health/shpubs.htm#epinephrine>

UPDATES ON EPI-PEN® ADMINISTRATION FOR FY05:

Between August 2004, and May 27, 2005, 123 Epi-Pens® (as reported to the Massachusetts Department of Public Health) were administered in Massachusetts schools. Of the Epi-Pens® administered, 27 (22%) were to individuals with no previously diagnosed life-threatening allergy. Eight students (6.5%) were not transported to a medical facility. Please note: ***Because of the possibility of biphasic reactions, all individuals receiving an Epi-Pen® for a life-threatening allergy should be transported by emergency personnel to the closest emergency medical facility.***

The Department extends a sincere thank you to all school nurses who acted promptly when an individual in the schools experienced a life-threatening allergic event. All outcomes were positive.

UMASS/SIMMONS COLLEGE SCHOOL HEALTH INSTITUTE (SHI) SUMMER INSTITUTE:

The summer institute will again be held at the Cape Codder Resort in Hyannis, MA. The dates are June 27 - June 29, 2005. A brochure with registration materials will be mailed and available on the SHI website <http://www.umass.edu/umsshi/> by May 2005.

RESOURCES ON SUN SAFETY:

The Environmental Protection Agency (EPA) has many resources available for making schools sun-safe. The SunWise Program is an environmental and health education program that aims to teach the public how to protect themselves from overexposure to the sun through the use of classroom-based, school-based, and community-based components. Its *SunWise ToolKit* contains cross-curricular classroom lessons for grades K-8 that combine education about sun protection and the environment. The *Tool Kit* may be accessed at: <http://www.epa.gov/sun-wise/tools.html>

Since 2002, the Massachusetts Melanoma Foundation has worked closely with the School Health Unit to promote skin cancer prevention in the schools. Consultation may be obtained by calling the Foundation at 1-800-557-6352 or sending an email to info@massmelanoma.org The Massachusetts Melanoma Education Foundation's website is www.skincheck.org/

The Massachusetts Department of Public Health also provides free resources on skin cancer prevention. For further information, visit the Massachusetts Health Promotion Clearinghouse website: www.maclclearinghouse.com

Additional resources include:

The Curt and Shonda Schilling Melanoma Foundation, SHADE: www.shadefoundation.org/

ASTHMA REGIONAL COUNCIL RESOURCES:

The Asthma Regional Council is pleased to announce the release of the following document that will help to promote healthier school facilities: ***Health Considerations When Choosing School Flooring***. This document provides guidance for those charged with procuring school flooring, with attention to impacts on health, costs and the environment.

In addition, two other related resources available from ARC include, *What's That Smell: Simple Steps to Tackle School Air Problems and Tips for Teachers*.

These resources and others pertinent to schools may be found at www.asthmaregionalcouncil.org

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SMALLPOX PROGRAM UPDATE

Mary Conant BSN, RN

Infectious Disease Response Nurse/Smallpox Coordinator

The goal of the Massachusetts Smallpox Preparedness Program is to develop the ability to detect, treat and prevent the spread of smallpox. It is part of the Massachusetts Department of Public Health (MDPH)'s broader emergency preparedness effort intended to maximize the public health system's response to possible bioterrorist acts.

In the past smallpox was a serious disease that had major impact on human populations for most of its history; 30-50% of the people who acquired the disease died from it. An unprecedented global vaccination effort resulted in eradication of smallpox in the 1970's. Vaccination of the general population ceased in the United States in 1972. However, samples of smallpox virus for research have been stored in laboratories in the U.S. and Russia since eradication. There are concerns that this infectious virus may have gotten into the hands of organizations, states or terrorists, and that the virus could potentially be used as a biological weapon.

The MDPH continues in its effort to enhance surveillance and increase education and training concerning smallpox.

Vaccination of Smallpox Response Team volunteers continues and 1,456 healthcare professionals have been trained in smallpox vaccine administration.

The MDPH has put together a series of trainings focused on Bioterrorism Preparedness. All of these trainings are being offered free to local health personnel, with a focus on public health nurses and school nurses, as well as other community emergency personnel. All of the trainings are CEU approved, as well as CME accredited. Smallpox Vaccine Administration training is approved for EMTs' and Paramedics' credits as well.

The trainings vary in length and can be offered singularly or grouped together. The purpose of these trainings is to keep both public health nurses and school nurses informed about the Bioterrorism Preparedness Program and how they might participate. The training programs include (a) an overview in Mass Dispensing Site Planning, (b) Smallpox Vaccine Administration in a Mass Dispensing Site, (c) Overview of Category A Bioterrorism Agents, (d) Rash Surveillance with regards to Smallpox/Variola and Chickenpox/Varicella, (e) Health and

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EMERGENCY PLANNING: SCHOOL AND COMMUNITY COLLABORATION *continued from page 1*

Participating in the vaccination and/or certification program is *strictly voluntary in the pre-event scenario; however we all realize that the more staff that we have trained and ready, the better prepared we will be to respond. So we are asking that you consider volunteering for this important role along with many of your nursing colleagues.*

Additionally, local health officials and regional local health coalitions are in the process of creating a variety of plans, including those for emergency dispensing sites (EDS) should mass vaccination and/or antibiotic prophylaxis become necessary. Many municipalities are choosing schools for these sites because they meet such criteria as large waiting areas, large floor space for clinics, separate classrooms for medical screening and counseling or medication distribution, adequate sanitary facilities, disability accessibility, separate entrances and exits, parking spaces, communications capacity and availability of clinical personnel. The MDPH Center for Emergency Preparedness has recently posted the Emergency Dispensing Site and Operations template on the MDPH website: <http://www.mass.gov/dph/bioterrorism/advisorygrps/index.htm>.

Staff resources are available to assist you as well. Barbara Mackey, BSN, MS APRN, School Infectious Disease Response

Nurse, works from the MDPH School Health Unit and is available to provide training for emergency planning. Please refer to Appendix A, pages 44-48 of the EDS template for a listing of regional staff and other MDPH staff who can help you in your local planning efforts. (See above website.)

This newsletter was designed to assist school staff as they extend their emergency planning efforts into these new arenas. The basic emergency planning principles remain the same; however, the resources, knowledge base and commitment to community collaboration will continue to develop. Schools are, and will be critical partners in emergency planning efforts as they evolve over time.

Thank you for all your hard work every day!

Glynnis LaRosa, MPH, RN, CPHQ
Senior Public Health Nursing Advisor
Bureau Communicable Disease Control
Center for Emergency Preparedness

Anne H. Sheetz, MPH, RN, CNA
Director of School Health Services
Bureau of Family and Community Health
Center for Community Health

SCHOOL NURSE SMALLPOX TRAINING UPDATE



Barbara Mackey, BSN, MS, APRN
School Infectious Disease Response Nurse

To fulfill the Centers for Disease Control and Prevention (CDC) training requirements, the Massachusetts Department of Public Health (MDPH) has organized a team of Infectious Disease Response Nurses to provide smallpox and emergency dispensing site trainings that will assist cities and towns develop these components of their emergency plans. Training is geared to clinical and emergency personnel and other key individuals in case an emergency infectious disease response is initiated. There are certain deliverables that all cities and towns need to meet this year under the Strategic National Stockpile (SNS) program of the CDC cooperative agreement. The first, due January 31, 2005, all cities and towns were to submit their selected Emergency Dispensing Site(s) to the SNS coordinator at MDPH, Dr. Robert Paone. The next deliverable, due June 30th, all cities and towns are to submit written emergency dispensing site (EDS) plans.

The MDPH Infectious Disease Response Nurse for the schools, Barbara Mackey, was hired in September 2004 to provide training to school nurses. As of May, 2005, a total of 281 school nurses have been provided with an overview of dispensing sites and smallpox vaccine administration. Two hundred and thirty four of those 281 nurses have been certified to administer the smallpox vaccine. Mapping shows that 79/351 cities and towns have at least one school nurse certified to administer the smallpox vaccine. If you are interested in attending a scheduled training in your area or would like to schedule a training, please contact Barbara C. Mackey, APRN, School Infectious Disease Response Nurse at 617 624-5487 or barbara.mackey@state.ma.us. **Please see the following descriptions of the modular presentation components you may request.**

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH BIOTERRORISM PREPAREDNESS MODULAR PRESENTATION/TRAINING COMPONENTS

Public health professionals at the federal, state, and local levels are working to create a comprehensive emergency response plan that will be implemented in the event of a disaster. Emergency preparedness has become an integral component of all public health programs for the state, local boards of health, and community-based organizations. The following list describes available modular training programs. Because the school district in every city and town is an important and necessary community partner in the emergency planning process, the Department encourages school health personnel and other community personnel to participate in the training programs. **Please contact Barbara C. Mackey, APRN, School Infectious Disease Response Nurse at 617-624-5487 or barbara.mackey@state.ma.us for further information or to schedule a training in any of the following areas.**

BT AGENT PRESENTATION

The presentation on bioterrorism agents will include a general overview of the Category A agents, including anthrax, botulism, plague, smallpox, tularemia, and viral hemorrhagic fevers. The overview will cover the characteristics of each agent,

clinical description, reservoir, transmission, incubation period, infectious period, and general epidemiological features, such as the distribution or incidence in populations. The presentation will provide information regarding the reporting requirements and laboratory services available for confirmation. It will also identify the specific infection control measures for each agent, including the applicable isolation and quarantine requirements to contain person-to-person spread. The supporting role of the Massachusetts Department of Public Health (MDPH) in outbreak management will also be discussed, and educational materials, such as relevant fact sheets for each agent, will be distributed.

Presentation Credits 1.5 CMEs and 1.8 Nursing Contact Hours

MASS DISPENSING CLINIC PRESENTATION

The presentation will include a general overview of Mass Dispensing Clinics. The overview will outline the various types of Mass Dispensing Clinics, their potential use, as well as examples of previously planned and operated clinics. The presentation will outline the necessary components of a Mass Dispensing Clinic

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MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH BIOTERRORISM PREPAREDNESS MODULAR PRESENTATION/TRAINING COMPONENTS *continued from page 4*

such as potential locations, staffing, supplies, and auxiliary operational needs. It will focus on assisting participants in identifying resources within their communities to develop and run a clinic. The presentation will introduce the components of Basic Incident Command as they apply to a Mass Dispensing Clinic. Check lists for purpose of Planning and Implementing a Mass Dispensing Clinic will be handed out to aid with the presentation.

Presentation Credits 2.0 CMEs and 2.4 Nursing Contact Hours

MASS DISPENSING SITE: SMALLPOX SPECIFIC PRESENTATION

The presentation will include an overview of the current National and State Smallpox Preparedness Program, outlining the history of Smallpox and Smallpox Vaccination. The program will review the principles of a Mass Dispensing Site and the specific requirements of such a site with regards to Smallpox Vaccine Administration. Participants will be instructed on pre and post event screening for Smallpox Vaccine Administration, how to evaluate a vaccination "take" post vaccination, proper vaccination site care, and Adverse Events Reporting. The presentation will review and provide hands-on training with regards to Smallpox Vaccine Administration and practice using the bifurcated needle. Upon completion, qualified participants will be certified in Smallpox Vaccine Administration by the MDPH.

Presentation Credits 2.5 CMEs, 3.0 Nursing Contact Hours, and 3 EMT/Paramedic Credit Hours

MASS DISPENSING TRAINING EXERCISE

Following the presentations on Category A bioterrorism agents and Mass Dispensing Clinics, the presenters will conduct an interactive exercise that incorporates the principles of the Incident Command System (ICS) into mass dispensing clinic operations. To ensure a valuable take-home experience that is both practical and realistic, this exercise will utilize population data and local resources specific to the community. Following the exercise, participants will be able to effectively set up local emergency dispensing clinics in their communities.

HEALTH & HOMELAND ALERT NETWORK (HHAN), ALERT ONLY TRAINING WEB BASED APPLICATION

As a secure application interfaced with a wide range of devices (e.g. pager, fax, phone, email, wireless), the Health & Homeland Alert Network will establish the infrastructure necessary for continuous, secure, communication and information sharing in support of aspects of bio-terrorism preparedness including, but not limited to, response planning, educational services, disease surveillance, laboratory reporting and epidemi-

ological investigation. The core functionality of the Alert Network will provide a secure means to utilize the following:

- ❖ A role based user directory containing the contact information of all appropriate Commonwealth responders
- ❖ Confirm receipt of user specific, rapid communication for emergency situations (can alert phones, fax, email and pager)
- ❖ Online news postings for low priority information dissemination
- ❖ Online training documentation and schedules to ease administrative burden associated with any existing and/or future educational services.

Presentation Credit 1.5 CMEs and 1.8 Nursing Contact Hours

RASH SURVEILLANCE

The presentation will include an overview of macular, papular, vesicular, and pustular rashes, as well as the adjectives frequently used to describe such rashes. The focus of the presentation is being able to differentiate smallpox from chickenpox and other similar types of rashes. Finally, the presentation will review the school nurse's role, responsibility, and method of reporting the occurrence of chickenpox in the school setting.

Presentation Credit 1.5 CMEs and 1.8 Nursing Contact Hours

BEHAVIORAL HEALTH DISASTER RESPONSE

The presentation on Behavioral Health Disaster Response will include a general overview of critical incidents and emergency events, a definition of behavioral health, and a description of how behavioral health interventions can both prevent and mitigate certain consequences of disasters and other emergencies. The presentation will identify how emergency events affect individuals, families and communities and how disaster stress, a normal response to abnormal events, is usually manifested. Long-term behavioral health effects of disasters, such as Post Traumatic Stress Disorder, will be explained and discussed in the context of both prevention and intervention.

Presentation Credit 1.5 CMEs and 1.8 Nursing Contact Hours

BEHAVIORAL HEALTH AND EMERGENCY PLANNING: THE ROLE OF THE SCHOOL HEALTH PROGRAMS

Lisa Gurland Psy.D, RN

Director of Behavior Health Planning and Development

Bureau of Communicable Disease Control, MDPH

Behavioral health, in the context of a comprehensive disaster plan, addresses the ability of individuals, families and communities to function under stress with all the concomitant mental health, substance abuse, and social service issues that arise in an emergency situation. Schools in general, and school health personnel in particular, will most certainly be utilized during a disaster and must participate in emergency planning. As response plans are put into place, it is imperative that the education, skill building and support of school health personnel be considered.

At present, school health programs use behavioral health theory and practice regularly. School health nurses are skilled in the assessment of and response to behavioral health needs for children and families in a variety of emergent and non-emergent situations. What additional training and information is needed to provide an adequate response during and after a disaster?

The following are just a few of the questions that school health nurses, in consultation with other school and community partners, must begin to answer:

- ❖ What preventive measures can be instituted now so that disaster related problems in functioning might be averted or mitigated?
- ❖ How can the incidence of debilitating psychological

stress, substance abuse, and other social problems be reduced (for all members of the school community – children and adults) at the time of the emergency and in the months to come?

- ❖ What support systems can be developed so that the school health nurses, along with other personnel, can sustain and maintain disaster related interventions with children who have varying developmental needs and differences in resiliency?

The answers to these and other questions are not simple and are dependent on a variety of circumstances. However, there are two important steps that will help move the planning process forward. First, school health personnel should generate a list of questions and concerns specific to their professional role and population served. Second, school health personnel must be active participants on community planning boards and local and/or regional health coalitions so that school health related issues remain viable and concerns are addressed. School health personnel must be part of the planning team as stakeholders, advocates for children and families, and highly skilled professionals with important information and concerns relevant to the statewide disaster response plan. Please call Dr. Lisa Gurland at Massachusetts Department of Public Health for information and/or training in this area, 617-983-6552 or email lisa.gurland@state.ma.us

EMERGENCY DISPENSING SITES

Donna C. DiMartino, MSN, RN
Infectious Disease Response Nurse

Community-based Emergency Dispensing Sites (EDS) are designed to administer vaccines or medications to a large number of people in a short period of time. They may be a necessary part of the response to infectious disease outbreaks of various sizes, ranging from a single case of hepatitis A in a food handler to cases of meningitis in a high school, to an influenza pandemic or bioterrorist (BT) event involving thousands. In a declared emergency, the Massachusetts Department of Public Health (MDPH), working with the Massachusetts Emergency Management Agency (MEMA), will assess and respond to identified local needs for medication.

The objectives for the Emergency Dispensing Site(s) are to meet the needs of the community in a worst-case scenario, which may require the ability to establish a site within 24 hours of notification; to provide initial treatment for 80% of the population within 48 hours; and to provide treatment for the remaining 20% over the next 72 hours. This is a large-scale operation requiring multiple agencies and community members. Local EDS plans can be scaled down in response to smaller events.

Depending upon the severity of the event and the geographic distribution of their population, communities may choose to establish one or more Emergency Dispensing Site(s). Although every community must have an EDS plan to provide mass prophylaxis or vaccination, several communities may decide to form a coalition, working together to share resources, enhance efficiencies, and create one unified plan.

Communities are encouraged to create planning committees that are representative of all the stakeholders. This may include government, schools, public safety, public health, business, special populations, and other healthcare entities within the community.

The "Emergency Dispensing Sites Management and Operations" (EDS) guidance is available on the MDPH website: <http://www.mass.gov/dph/bioterrorism/advisorygrps/index.htm> Regional Coordinators are working directly with communities to develop plans utilizing the detailed information in the EDS document.

HEALTH AND HOMELAND ALERT NETWORK

Scott Kenfield
HHAN Training Coordinator, MDPH



The Health and Homeland Alert Network (HHAN) is a secure web-based application that enables the Massachusetts Department of Public Health (MDPH) to communicate critical public health information in a timely manner. The MDPH posts all pertinent Health Updates, Advisories, and Alerts to the HHAN, as well as other pertinent news and announcements. You can access the HHAN through the Internet so all of the latest information is available to you around the clock and around the world. Depending on the urgency of the information, the HHAN can contact you through an alert. These alerts are sent by email, text message, pager and by tele-

phone. In the event of a public health emergency, quickly mobilizing the commonwealth's response will be crucial. For public health professionals the HHAN is your primary resource for current information. The MDPH is encouraging school nurse leaders to complete the full HHAN training; other school nurses should set up accounts with HHAN for notification should an emergency arise.

If you have any questions please contact the HHAN Training Coordinator, Scott Kenfield, at 617-983-6875 or scott.kenfield@state.ma.us.

SMALLPOX PROGRAM UPDATE *continued from page 3*

Homeland Alert Network (HHAN), and (f) Behavioral Health Responses to Disaster. If you are interested in obtaining more information about these programs, or would like to schedule a training program, please contact:

Mary Conant, BSN, RN, MDPH Infectious Disease Response Nurse/Smallpox Coordinator at MDPH: 617-983-6862 or 978-851-7261 x 4037 or Mary.Conant@state.ma.us

Barbara C. Mackey, APRN, MDPH School Infectious Disease Response Nurse: 617-624-5487 or Barbara.Mackey@state.ma.us.

Donna C. DiMartino, MSN, RN, MDPH Infectious Disease Response Nurse (MDPH Western Regional Health Office): 413-586-7525 x1131 or Donna.DiMartino@state.ma.us

OPTIONS FOR VOLUNTEERS

Donna C. DiMartino, MSN, RN
Infectious Disease Response Nurse

Community planning for developing an Emergency Dispensing Site (EDS) should involve school personnel. Many volunteers will be needed to activate the site. Public health nurses and school nurses will be needed to perform the clinical roles such as administering vaccine or medications, clinical triage and health education. In addition, nurses may wish to volunteer to fulfill some of the other functions such as greeters or flow maintenance. Non-clinical volunteers will also be required. While all the roles are needed, local community planning will determine who assumes each given role. Each EDS will have an Emergency Dispensing Site coordinator who is responsible for the overall EDS operation. The following are some examples of the key roles that will be needed to operate an EDS utilizing the incident command structure.

Operations

Patient Flow

Patient flow personnel are in charge of moving the public through the site. There are four groups within Patient Flow: Greeters, Registration, Translators and Flow Maintenance. Depending on the size of the overall operation, it may not be necessary to have a group supervisor. However, at large sites, it can be helpful for planners to consider this additional role.

- ❖ **Greeters** are usually the first staff members the public will interact with upon arrival at a site. The purpose of the greeter is to welcome the public and to direct them to where they need to go. Due to the high stress level at an EDS, greeters should be as calm and responsive to individual needs/concerns as possible while still controlling the flow of a large number of people. Greeters should be able to briefly orient the public to the clinic process and answer basic questions about the process ahead. It is important that greeters be able to spot people who appear unusually stressed or who may be exhibiting signs of illness, infection or other medical condition, which could endanger other public or staff. Greeters will direct these individuals to Triage (see below).
- ❖ **Registrars** obtain basic personal information from clients for data management and follow-up, if necessary.
- ❖ **Translators** should be available for all the languages spoken in the community/local or regional coalition area. Translators may need to accompany non-English speaking people through the entire EDS process.
- ❖ **Flow maintenance staff** will float throughout the EDS to ensure a steady flow at all stations and to alleviate backups and bottlenecks where feasible. This may be accomplished by adding staff to overburdened stations, by slowing the entrance of patients to the site, or any other steps deemed appropriate.

Triage is the first level of clinical evaluation when individuals arrive and, for various reasons, are identified by greeters as

possibly needing immediate medical care. People identified as having high levels of stress or acting out should be referred to the behavioral health team. Those displaying signs or symptoms of illness, infection or other medical conditions will be referred for medical evaluation.

Behavioral Health Staff address the emotions, thought processes and behaviors related to emergencies, such as stress, fear, disruption of normal activities and functions, a sense of personal vulnerability and disruption of community cohesion. Behavioral health responders attend to the needs of individuals in distress and help maintain a comfortable and safe dispensing site by anticipating crises and intervening quickly when necessary, thus allowing the staff to continue their work

Forms Reviewers review completed patient information sheets that have been filled out by patients before they can receive their medication/immunization.

Dispensing is where patients receive their vaccination or prophylaxis medication. The Dispensing staff may need to administer vaccines or hand patients prepackaged medication.

Medical Evaluation is where more comprehensive medical screening is conducted by a clinician upon referral by either Triage or Screening.

Transport

Transport is responsible for promptly removing patients from the site and for transporting them to a health care facility.

Security

Security is responsible for the protection of all individuals at the site, as well as the facility itself. Security will usually be handled by the local law enforcement agency. It is important to determine the size and scope of the security requirements for each site, so that local law enforcement can determine if they need additional resources to meet those requirements in addition

OPTIONS FOR VOLUNTEERS *continued from page 8*

to other required duties. They may need to call in additional assistance either from the Commonwealth or through mutual aid agreements with members of communities within their regional coalitions.

Logistics

SERVICE

The Service Director reports to the Logistics Chief. The Service branch has three groups: Communications, Food and Child Care.

- ❖ **Communications** is in charge of obtaining, managing and maintaining a communications system both within the site, as well as between the site and outside contacts (e.g. local, regional or state). The Local Emergency Planning Committee (LEPC) will most likely be responsible for obtaining a communications system and would be the point of contact for the communications group.
- ❖ **The Food Group** is in charge of ensuring that food and beverages are available on site for staff and the public.
- ❖ **The Child Care Group** is responsible for establishing and maintaining childcare services for staff and the public at each site. If community volunteers are recruited, it may necessary to provide on-site childcare services. In addition to staff, it may be preferable for patients going through the site to leave children in a child care room to expedite their time through the system.

SUPPORT

The Support Director reports to the Logistics Chief. Support has four groups: Facilities, Float Staff, Video and Supply.

- ❖ **Facilities** are in charge of maintaining the infrastructure within each site. This includes the initial set up of the site (e.g. rooms, tables, cones, barriers, and signs), the janitorial maintenance of the site, and handling any emergency situations that arise.
- ❖ **Float Staff** will be needed to provide break times for staff at various stations throughout the site and to assist with the

overall flow maintenance within the process. Float Staff personnel will need to be versatile, as they may need to provide coverage for any function within the site, from greeter to janitor.

- ❖ **Video personnel** will be responsible for operating and maintaining entrance and exit videos, if available.
- ❖ **Supply staff** will ensure that each station has exactly what it needs to maintain a steady flow of the public through the site. Supply personnel will work closely with the procurement unit to make sure the supplies are on site and the stations are stocked.

Planning and Finance Administration

The Planning Chief and the Finance & Administration Section Chiefs report directly to the EDS Coordinator. The Finance and Administration Section Chief is responsible for documenting costs. In the situation of a declared emergency, federal funds will be made available for reimbursement. In smaller site operations, it is feasible to combine these roles and to have one individual serve in more than one role in "Planning Finance & Administration (PF&A)." Within PF&A, there are three components: Data, Time and Procurement. The Data Unit traditionally falls under the Planning Section, while Time and Procurement are elements of the Finance & Administration Section.

- ❖ **Data** is in charge of tracking all patient information collected during the process through the site. Forms for data collection will be available on the MDPH website and through the HHAN.
- ❖ **Time** is in charge of tracking the on site timekeeping of all staff.
- ❖ **Procurement** is in charge of obtaining materials and supplies that are needed to maintain a site for up to several consecutive days. This may include, but not be limited to, forms, office supplies, communication devices, computer equipment, drinking water, food and cots.

MEDICAL RESERVE CORPS AND COMMUNITY EMERGENCY RESPONSE CORPS

Donna C. DiMartino, MSN, RN
Infectious Disease Response Nurse

The Medical Reserve Corps (MRC) Program coordinates the skills of practicing and retired physicians, nurses and other health professionals, as well as other citizens interested in health issues. These professionals are eager to volunteer to address their community's ongoing public health needs and to help their community during large-scale emergency situations.

Local community leaders will develop their own Medical Reserve Corps Units and identify the duties of the MRC volunteers according to specific community needs. For example, MRC volunteers may deliver necessary public health services during a crisis, assist emergency response teams with patients, and provide care directly to those with less serious injuries and other health-related issues.

MRC volunteers may also serve a vital role by assisting their communities with ongoing public health needs (e.g., immunizations, screenings, health and nutrition education, and volunteering in community health centers and local hospitals). Once established, how the local MRC Unit is utilized is decided locally. The MRC unit will make decisions with local officials, including the local Citizen Corps Council, about when the community Medical Reserve Corps is activated during a local emergency.

There are 11 units active in Massachusetts. To find the closest unit visit: <http://www.medicalreservecorps.gov/index.cfm?MRCAction=MRCunit.Contact#Massachusetts>

COMMUNITY EMERGENCY RESPONSE CORPS

The Community Emergency Response Team (CERT) program helps train people to be better prepared to respond to emergency situations in their communities. When emergencies happen, CERT members can give critical support to first responders, provide immediate assistance to victims, and organize spontaneous volunteers at a disaster site. CERT members can also help with non-emergency projects that help improve the safety of the community.

The CERT course is taught in the community by a trained team of first responders who have completed a CERT Train-the-Trainer course, conducted by their state training office for emergency management, or FEMA's Emergency Management Institute (EMI), located in Emmitsburg, Maryland. CERT training includes disaster preparedness, disaster fire suppression, basic disaster medical operations, light search and rescue operations.

Massachusetts currently has 104 CERT programs. To find out where the closest CERT is to you go to: http://training.fema.gov/emiweb/CERT/c_ma.htm



NEWSBRIEFS *continued from page 2*

NEW SCHOOL HEALTH RECORD FORM:

Each student in the Commonwealth's schools is required to have a school health record. During the past year, the Massachusetts Department of Public Health has collaborated with school nurses to update the existing face-sheet of the school health record. The goal of this process was to identify information needed by the school to protect the health and safety of the student and to meet certain legal requirements. Another goal was to create a single-page document for ease of implementation.

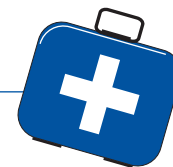
The new School Health Record Face-sheet may be found at http://www.mass.gov/dph/fch/schoolhealth/health_record.htm. When completed, this form, **with the student's complete record/certificate of immunizations** will become part of the student's school health record. We would suggest that you consider copying the certificate of immunizations on the back of the

School Health Record to ensure that it is included as part of this record. Or, you may wish to attach the certificate of immunizations to the face-sheet.

If a school district wishes to use a different form or format, this is acceptable, provided the content of the Massachusetts School Health Record Face-Sheet is included in the record. School districts may also wish to add more information pertinent to their student population.

Requesting a Waiver of Certain Physical Examinations and Health Screenings under M.G.L. Chapter 71, Section 57: A copy of the waiver letter and application form may be found at <http://www.mass.gov/dph/fch/schoolhealth/lawsregs.htm#wai> ver

WHAT IS THE STRATEGIC NATIONAL STOCKPILE?

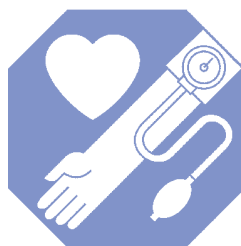


Robert Paone, B.S., Pharm.D.
Statewide Strategic National Stockpile Coordinator
Center for Emergency Preparedness

The *Strategic National Stockpile* (SNS) consists of a sustainable cache of medical materiel and equipment available to states within hours of a declared emergency. The SNS is maintained, managed and administered by cooperative agreement of the Department of Homeland Security (DHS) and the Centers for Disease Control and Prevention (CDC). The SNS is designed to treat mass casualties resulting from natural disasters, industrial accidents and/or terrorist action.

As portions of the SNS arrive in the state to a central facility, the materiel is apportioned and delivered to hospitals and

Emergency Dispensing Sites throughout Massachusetts. The supply of medical materiel, including pharmaceuticals from the SNS, is maintained through a supply network known as Vendor Managed Inventory (VMI). VMI is the virtual inventory of medical materiel and equipment located in pharmaceutical supply facilities and manufacturers across the country. So long as there is a need, the VMI will provide the materiel to see states through the disaster until recovery. Dr. Paone may be reached at 508 820-2011 or robert.paone@state.ma.us.



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